Florida Department of State Division of Corporations Electronic Piling Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAP SOLUTIONS INC

Account Number : I20210000103 Phone : (786)615-3057 Fax Number : (786)615-3058

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

mail Address: info & tap solution net

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TOP LAW FIRM MARKETING LLC

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Electronic Filing Menu

Corporate Filing Menu

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ARTICLES OF AMENDMENT TO, ARTICLES OF ORGANIZATION OF

TOP LAW MARKETING LLC					
(Name of the Limited	Liability Company as it A Florida Limited Liability	now appears on our reco (Company)	rds.)		
The Articles of Organization for this Limited Lia Florida document number <u>L16000189863</u>				_ and assi	gned
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited liability c	ompany herc:			
ME CAPITAL INVESTEMENTS LLC					
The new name must be distinguishable and contain the wo	rds "Limited Liability Cor	npany," the designation "L	LC" or the abbre	viation "L.l	C."
Enter new principal offices address, if applica (Principal office address MUST BE A STREET) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	TADDRESS)				
B. If amending the registered agent and/or reagent and/or the new registered office address Name of New Registered Agent:	egistered office address here: TAP SOLUTIONS I		er the nume	of the new 2022 APR	v registered
	2341 NW 7TH ST			. α	
New Registered Office Address:		Enter Florida street ad	- (PH 2	13.46.09.09.09.09.09.09.09.09.09.09.09.09.09.
	MIAMI	CIA:	Florida 33.E	Zip (Pode	
	,	211)	•	. 2	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	ANDRES ESPINOZA	1500 BAY ROAD APT 1502	
		MIAMI FL 33139	■Remove
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			DAdd
			□Remove
			Change
			□Add
			□Remove
			Change.

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note	tive date, if other than the date of filing: ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
he reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
	APRIL 08 2022
Date	-At-
	Signature of a member or authorized representative of a member
	MICHEL ESPINOZA

Filing Fee: \$25.00